

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 DEC 11 2:12 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000073540

1. Limited Liability Company's Name

All Weather Roofing LLC

300306599133
12/11/17--01008--011 **292.50

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #

397 Windswept Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

11

Suite, Apt. #, etc.

City & State

Freeport FL

City & State

11

Zip

32439

Country

US

Zip

11

Country

11

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

32-0378369

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mitch Morris

Street Address (P.O. Box Number is Not Acceptable)

397 Windswept Blvd

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

E-mail Address:

mmorris397@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date

12/11/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Mitch Morris	397 Windswept Blvd	Freeport FL 32439

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of
Authorized Person

[Signature]

Date

12/11/17

Daytime Phone #

850-533-6863

Typed or printed name of signing Authorized Person